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MN COURT INTERPRETER CERTIFICATION EXAM

OCTOBER 23 - 27, 2006
MINNESOTA JUDICIAL CENTER
ST. PAUL, MINNESOTA

REGISTRATION PROCEDURES

TO REGISTER, COMPLETE THIS REGISTRATION FORM AND MAIL IT WITH THE REGISTRATION FEE TO THE COURT INTERPRETER PROGRAM (ADDRESS ABOVE) BY **SEPTEMBER 29TH, 2006**. THE REGISTRATION FEE OF \$350 MUST BE IN THE FORM OF A CHECK OR MONEY ORDER MADE PAYABLE TO THE *MINNESOTA COURT INTERPRETER PROGRAM*. NO CASH WILL BE ACCEPTED. **THE FEE BECOMES NON-REFUNDABLE AND NON-TRANSFERABLE ONCE THE REGISTRATION IS ACCEPTED AND CONFIRMED — IT CANNOT BE APPLIED TO FUTURE COURT INTERPRETER TESTING OR TRAINING EVENTS.**

REGISTRATION DEADLINE

BECAUSE SPACE IS LIMITED, REGISTRATION WITH FEE MUST BE RECEIVED **NO LATER THAN SEPTEMBER 29TH, 2006**. REGISTRATIONS RECEIVED AFTER **SEPTEMBER 29TH** OR WITHOUT THE REQUIRED REGISTRATION FEE WILL NOT BE PROCESSED AND ADMITTANCE WILL NOT BE ALLOWED.

GENERAL INFORMATION

ACCEPTED IDENTIFICATION IS ANY VERIFIABLE: 1) US MINNESOTA PHOTO I.D; 2) US MINNESOTA DRIVERS LICENSE; 3) US MINNESOTA STUDENT IDENTIFICATION WITH PHOTO; 4) PASSPORT. PLEASE CALL (651) 297-7590 FOR QUESTIONS ON ACCEPTABLE PHOTO IDENTIFICATION PRIOR TO THE EVENT. YOU MUST PROVIDE ACCEPTABLE IDENTIFICATION AT CHECK IN ON THE DAY OF YOUR EXAM.

CONFIRMATION WILL BE SENT AFTER OCTOBER 1ST AND WILL CONTAIN DIRECTIONS TO THE TEST SITE.

NAME: _____
FIRST MIDDLE LAST

THE FOLLOWING IS A NEW ADDRESS (CHECK ONLY IF APPLICABLE) ☐

ADDRESS: _____

CITY STATE ZIP CODE

COUNTY OF RESIDENCE DAYTIME AREA CODE & TELEPHONE
NUMBER

LANGUAGE(S) YOU INTERPRET (OTHER THAN ENGLISH): _____

IF YOU HAVE SPECIAL NEEDS OR A MEDICAL OR PHYSICAL CONDITION THAT REQUIRES ACCOMMODATION FOR THE REVIEW OF THE CODE OF ETHICS OR THE WRITTEN ETHICS TEST PLEASE DESCRIBE THE NEEDED ACCOMMODATION: _____